

Wisconsin Medicaid and BadgerCare update

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PHC 1716

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Dentists

HMOs and Other
Managed Care
Programs

Correction to dental maximum fees and copayments

These are replacement pages to the January 2000 Wisconsin Medicaid and BadgerCare Update 2000-02: Dental maximum fees increased and coverage expanded.

Enclosed is the new maximum fee schedule of American Dental Association (ADA) procedure codes (Attachment 1 of this *Update*). *Wisconsin Medicaid is issuing this to replace the current maximum fee schedule, which had incorrect information.*

Corrections to maximum fees

Maximum fees were listed incorrectly for four procedures in the previous *Update*. Corrections are displayed in bold in the attachment and are described below:

1. Procedure code W7126, upgraded crown, has the same maximum fee as 02933, prefabricated stainless steel crown with resin window; \$114.75 (children) and \$106.40 (adults).
2. Procedure code W7127, upgraded upper partial denture (including any conventional clasps, rests, and teeth), has the same maximum fee as 05211, maxillary partial denture - resin base (including any conventional clasps, rests, and teeth); \$393.55 (children) and \$343.88 (adults).
3. Procedure code W7128, upgraded lower partial denture (including any conventional clasps, rests, and teeth), has the same

maximum fee as 05212, mandibular partial denture - resin base (including any conventional clasps, rests, and teeth); \$409.28 (children) and \$364.25 (adults).

4. The correct adult maximum fee for procedure code 05760, reline maxillary partial denture (laboratory), is \$126.79.

Maximum fees listed in error

Adult maximum fees should *not* have been listed for codes that are limited to children's procedures. The codes that had an adult maximum fee listed were:

- 01120, prophylaxis - child, payable for allowable ages less than 13.
- 01201, topical application of fluoride (including prophylaxis) - child.
- 01203, topical application of fluoride (prophylaxis not included) - child.
- 01351, sealant - per tooth.
- 01510, space maintainer - fixed - unilateral.
- 01515, space maintainer - fixed - bilateral.
- 01550, recementation of space maintainer.

Also, children's maximum fees should *not* have been listed for codes that are limited to adult procedures. The codes that had a children's maximum fee listed were:

- 01204, topical application of fluoride (prophylaxis not included) - adult.

- 01205, topical application of fluoride (including prophylaxis) - adult.

Copayments listed in error

There is no copayment for procedure code 01120, prophylaxis - child, payable for allowable ages less than 13, because it is limited to children under 13 years of age.

Also, there is no copayment for procedure code 07250, surgical removal of residual tooth roots (cutting procedure), because it is always performed on an emergency basis.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about

their billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Attachment 1

Dental Maximum Fee Schedule

Diagnostic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Clinical Oral Examinations:				
00120	Periodic Oral Examination	\$15.42	\$12.73	\$1.00
00150	Comprehensive Oral Evaluation	\$20.52	\$19.33	\$1.00
00160	Detailed and extensive oral evaluation-problem focused, by report	\$52.61	\$44.10	\$2.00
W7130	TMJ Office Visit	\$44.81	\$39.68	\$2.00
Radiographs:				
00210	Intraoral, complete series (including bitewings)	\$44.67	\$42.08	\$2.00
00220	Intraoral - periapical, first film	\$7.80	\$7.35	\$0.50
00230	Intraoral - periapical, each additional film	\$5.70	\$5.34	\$0.50
00240	Intraoral - occlusal film	\$10.89	\$8.35	\$0.50
00250	Extraoral - first film	\$17.35	\$12.35	\$1.00
00260	Extraoral - each additional film	\$18.19	\$7.37	\$0.50
00270	Bitewing - single film	\$7.88	\$6.86	\$0.50
00272	Bitewings - two films	\$12.97	\$12.22	\$1.00
00274	Bitewings - four films	\$17.41	\$16.54	\$1.00
00330	Panoramic Film	\$39.20	\$36.92	\$2.00
00340	Cephalometric Film	\$29.95	\$28.21	\$2.00
Tests and Laboratory Examinations:				
00470	Diagnostic Casts	\$31.32	\$29.50	\$2.00

Preventive Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Dental Prophylaxis:				
01110	Prophylaxis - adult, payable for allowable ages greater than 12	\$27.69	\$26.08	\$2.00
01120	Prophylaxis - child, payable for allowable ages less than 13	\$22.61	Not applicable	Not applicable
Topical Fluoride Treatment (Office Procedure):				
01201	Topical application of fluoride (including prophylaxis) - child	\$33.63	Not applicable	\$2.00
01203	Topical application of fluoride (prophylaxis not included) - child	\$12.48	Not applicable	\$1.00
01204	Topical application of fluoride (prophylaxis not included) - adult	Not applicable	\$11.40	\$1.00
01205	Topical application of fluoride (including prophylaxis) - adult	Not applicable	\$34.73	\$2.00
Other Preventive Services:				
01351	Sealant - per tooth	\$16.62	Not applicable	\$1.00
Space Maintenance (Passive Appliances):				
01510	Space maintainer - fixed - unilateral	\$96.28	Not applicable	\$3.00
01515	Space maintainer - fixed - bilateral	\$159.94	Not applicable	\$3.00
01550	Recementation of space maintainer	\$23.01	Not applicable	\$1.00

Restorative Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Amalgam Restorations (Including Polishing):				
02110	Amalgam - 1 surface, primary	\$31.80	\$29.95	\$2.00
02120	Amalgam - 2 surfaces, primary	\$41.20	\$38.81	\$2.00
02130	Amalgam - 3 surfaces, primary	\$46.98	\$44.26	\$2.00
02140	Amalgam - 1 surface, permanent	\$33.84	\$31.88	\$2.00
02150	Amalgam - 2 surfaces, permanent	\$43.60	\$41.07	\$2.00
02160	Amalgam - 3 surfaces, permanent	\$54.73	\$51.55	\$3.00
Resin Restorations:				
02330	Resin - 1 surface, anterior	\$40.04	\$37.72	\$2.00
02331	Resin - 2 surfaces, anterior	\$50.85	\$47.90	\$2.00
02332	Resin - 3 surfaces, anterior	\$61.40	\$57.84	\$3.00
02335	Resin - 4 or more surfaces or involving incisal angle (anterior)	\$71.76	\$67.60	\$3.00
02380	Resin - 1 surface, posterior primary	\$42.50	\$40.03	\$2.00
02381	Resin - 2 surfaces, posterior primary	\$51.35	\$48.38	\$2.00
02382	Resin - 3 or more surfaces, posterior primary	\$59.05	\$55.63	\$3.00
02385	Resin - 1 surface, posterior permanent	\$44.14	\$41.58	\$2.00
02386	Resin - 2 surfaces, posterior permanent	\$58.01	\$54.65	\$3.00
02387	Resin - 3 or more surfaces, posterior permanent	\$73.51	\$69.25	\$3.00
Other Restorative Services:				
02910	Recement inlay	\$26.85	\$25.01	\$2.00
02920	Recement crown	\$27.32	\$25.74	\$2.00
02930	Prefabricated stainless steel crown (SSC) primary tooth	\$85.45	\$80.49	\$3.00
02931	Prefabricated stainless steel crown (SSC) permanent tooth	\$93.26	\$87.53	\$3.00
02932	Prefabricated resin crown	\$113.07	\$97.88	\$3.00
02933	Prefabricated stainless steel crown with resin window	\$114.75	\$106.40	\$3.00
Upgraded Cast Crown:				
W7126	Upgraded crown	\$114.75	\$106.40	\$3.00
02940	Sedative filling	\$28.43	\$24.53	\$1.00
02951	Pin retention - per tooth, in addition to restoration	\$14.29	\$13.34	\$1.00

Endodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Pulpotomy				
03220	Therapeutic pulpotomy (excluding final restoration)	\$46.56	\$43.86	\$2.00
Root Canal Therapy (including Treatment Plan, Clinical Procedures, and Follow-Up Care):				
03310	Anterior (excluding final restoration)	\$203.14	\$191.37	\$3.00
03320	Bicuspid (excluding final restoration)	\$250.29	\$235.78	\$3.00
03330	Molar (excluding final restoration)	\$320.68	\$302.09	\$3.00
03351	Apexification/recalcification - (apical closure/calific repair of perforations, root resorption, etc.)	\$80.48	\$75.81	\$3.00
W7116	Open tooth for drainage	\$39.05	\$36.78	\$2.00
Periapical Services:				
03410	Apicoectomy/periradicular surgery - anterior	\$214.12	\$201.71	\$3.00
03430	Retrograde filling - per root	\$63.76	\$58.18	\$3.00

Periodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Surgical Services (including Usual Postoperative Services):				
04210	Gingivectomy or gingivoplasty - per quadrant	\$268.66	\$224.11	\$3.00
04211	Gingivectomy or gingivoplasty, per tooth	\$58.43	\$49.08	\$2.00
04341	Periodontal scaling and root planing, per quadrant	\$79.14	\$74.55	\$3.00
04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis	\$72.04	\$67.86	\$3.00
04910	Periodontal maintenance procedures (following active therapy)	\$46.20	\$42.53	\$2.00
W7117	Treat ANUG (acute necrotizing ulcerative gingivitis/Vincent's disease)	\$36.79	\$34.66	\$2.00
W7118	Treat periodontal abscess	\$29.99	\$28.25	\$2.00

Removable Prosthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Complete Dentures (including Routine Post-Delivery Care):				
05110	Complete denture - maxillary	\$453.75	\$424.50	\$3.00
05120	Complete denture - mandibular	\$456.20	\$424.79	\$3.00
Partial Dentures (including Routine Post-Delivery Care):				
05211	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	\$393.55	\$343.88	\$3.00
05212	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	\$409.28	\$364.25	\$3.00
W7127	Upgraded upper partial denture (including any conventional clasps, rests, and teeth)	\$393.55	\$343.88	\$3.00
W7128	Upgraded lower partial denture (including any conventional clasps, rests, and teeth)	\$409.28	\$364.25	\$3.00
Repairs to Complete Dentures:				
05510	Repair broken complete denture base	\$47.28	\$44.54	\$2.00
05520	Repair missing or broken teeth - complete denture (each tooth)	\$39.36	\$36.82	\$2.00
Repairs to Partial Dentures:				
05610	Repair resin denture base	\$50.99	\$48.04	\$2.00
05620	Repair cast framework	\$68.88	\$65.40	\$3.00
05630	Repair or replace broken clasp	\$66.47	\$57.24	\$3.00
05640	Replace broken teeth - per tooth	\$47.18	\$44.44	\$2.00
05650	Add tooth to existing partial denture	\$59.78	\$56.32	\$3.00
05660	Add clasp to existing partial denture	\$70.73	\$66.63	\$3.00
Denture Reline Procedures:				
05750	Reline complete maxillary denture (laboratory)	\$150.53	\$133.66	\$3.00
05751	Reline complete mandibular denture (laboratory)	\$150.81	\$133.04	\$3.00
05760	Reline maxillary partial denture (laboratory)	\$151.50	\$126.79	\$3.00
05761	Reline mandibular partial denture (laboratory)	\$148.80	\$131.79	\$3.00
Maxillofacial Prosthetics:				
05932	Obturator prosthesis, definitive	\$514.48	\$449.28	\$3.00
05955	Palatal lift prosthesis, definitive	\$1,276.50	\$1,202.50	\$3.00
05999	Unspecified maxillofacial prosthesis, by report	61J	61J	\$3.00

Fixed Prosthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
<i>Other Fixed Prosthetic Services</i>				
06545	Retainer - cast metal for resin-bonded fixed prosthesis	\$149.21	\$140.56	\$3.00
06930	Recement fixed partial denture	\$44.32	\$41.75	\$2.00
06940	Stress breaker	61J	61J	\$3.00
06980	Fixed partial denture repair, by report	\$155.25	\$146.25	\$3.00
W7310	Fixed prosthodontic retainer	\$354.57	\$334.01	\$3.00
W7320	Fixed prosthodontic pontic	\$344.66	\$324.68	\$3.00

Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Extractions (includes Local Anesthesia and Routine Postoperative Care):				
07110	Single tooth	\$40.91	\$38.53	\$2.00
Surgical Extractions (includes Local Anesthesia and Routine Postoperative Care):				
07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$88.88	\$83.72	\$3.00
07220	Removal of impacted tooth - soft tissue	\$102.38	\$96.44	\$3.00
07230	Removal of impacted tooth - partial bony	\$155.93	\$144.32	\$3.00
07240	Removal of impacted tooth - completely bony	\$179.39	\$168.75	\$3.00
07250	Surgical removal of residual tooth roots (cutting procedure)	\$81.18	\$75.97	Not applicable
Other Surgical Procedures:				
07260 or CPT ²	Oroantral fistula closure	\$300.84	\$283.40	\$3.00
07270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus	\$95.91	\$95.91	\$3.00
07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)	\$205.01	\$193.12	\$3.00
07281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$132.69	\$111.54	\$3.00
07285 or CPT ²	Biopsy of oral tissue - hard	\$95.91	\$95.91	\$3.00
07286 or CPT ²	Biopsy of oral tissue - soft	\$102.26	\$96.33	\$3.00
Removal of Tumors, Cysts, and Neoplasms:				
07430 or CPT ²	Excision of benign tumor - lesion diameter up to 1.25 cm	\$152.59	\$131.99	\$3.00
07431 or CPT ²	Excision of benign tumor - lesion diameter greater than 1.25 cm	\$185.81	\$185.81	\$3.00
07440 or CPT ²	Excision of malignant tumor - lesion diameter up to 1.25 cm	61J	61J	\$3.00
07441 or CPT ²	Excision of malignant tumor - lesion diameter greater than 1.25 cm	61J	61J	\$3.00
07450 or CPT ²	Removal of odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$189.35	\$151.48	\$3.00
07451 or CPT ²	Removal of odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$374.94	\$299.95	\$3.00
07460 or CPT ²	Removal of nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$170.25	\$136.21	\$3.00
07461 or CPT ²	Removal of nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	61J	61J	\$3.00

KEY: ² - Providers who are Wisconsin Medicaid certified as oral surgeons or oral pathologists or choose CPT billing must use a CPT code to bill for this procedure. Refer to Part B, Appendix 19, the dental handbook, for a list of covered CPT procedure codes.

61J - This code is manually priced for reimbursement of dental services.

Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Excision of Bone Tissue:				
07470 or CPT²	Removal of exostosis - maxilla or mandible	61J	61J	\$3.00
07480 or CPT²	Partial ostectomy (guttering or saucerization)	61J	61J	\$3.00
07490 or CPT²	Radical resection of mandible with bone graft	61J	61J	\$3.00
Surgical Incision:				
07510 or CPT²	Incision and drainage of abscess - intraoral soft tissue	61J	61J	\$3.00
07520 or CPT²	Incision and drainage of abscess - extraoral soft tissue	61J	61J	\$3.00
07530 or CPT²	Removal of foreign body, skin, or subcutaneous areolar tissue	61J	61J	\$3.00
07540 or CPT²	Removal of reaction-producing foreign bodies - musculoskeletal system	61J	61J	\$3.00
07550 or CPT²	Sequestrectomy for osteomyelitis	61J	61J	\$3.00
07560 or CPT²	Maxillary sinusotomy for removal of tooth fragment or foreign body	61J	61J	\$3.00
Treatment of Fracture - Simple:				
07610 or CPT²	Maxilla - open reduction (teeth immobilized, if present)	61J	61J	\$3.00
07620 or CPT²	Maxilla - closed reduction (teeth immobilized, if present)	61J	61J	\$3.00
07630 or CPT²	Mandible - open reduction (teeth immobilized, if present)	61J	61J	\$3.00
07640 or CPT²	Mandible - closed reduction (teeth immobilized, if present)	61J	61J	\$3.00
07650 or CPT²	Malar and/or zygomatic arch - open reduction	61J	61J	\$3.00
07660 or CPT²	Malar and/or zygomatic arch - closed reduction	61J	61J	\$3.00
07670 or CPT²	Alveolus - stabilization of teeth, open reduction splinting	61J	61J	\$3.00
07680 or CPT²	Facial bones - complicated reduction with fixation and multiple surgical approaches	61J	61J	\$3.00

Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Treatment of Fractures - Compound:				
07710 or CPT²	Maxilla - open reduction	61J	61J	\$3.00
07720 or CPT²	Maxilla - closed reduction	61J	61J	\$3.00
07730 or CPT²	Mandible - open reduction	61J	61J	\$3.00
07740 or CPT²	Mandible - closed reduction	\$1,441.93	\$1,358.34	\$3.00
07750 or CPT²	Malar and/or zygomatic arch - open reduction	61J	61J	\$3.00
07760 or CPT²	Malar and/or zygomatic arch - closed reduction	61J	61J	\$3.00
07770 or CPT²	Alveolus - stabilization of teeth, open reduction splinting	61J	61J	\$3.00
07780 or CPT²	Facial bones - complicated reduction with fixation and multiple surgical approaches	61J	61J	\$3.00
Reduction of Dislocation and Management of Other TMJ Dysfunctions:				
07810 or CPT²	Open reduction of dislocation	61J	61J	\$3.00
07820 or CPT²	Closed reduction of dislocation	\$419.51	\$152.15	\$3.00
07830 or CPT²	Manipulation under anesthesia	61J	61J	\$3.00
07840 or CPT²	Condylectomy	61J	61J	\$3.00
07850 or CPT²	Surgical discectomy; with/without implant	61J	61J	\$3.00
07860 or CPT²	Arthrotomy	\$2,192.57	\$2,010.45	\$3.00
W7995	Initial consultation, TMJ (TMJ multi-disciplinary evaluation program use only)	\$58.46	\$55.07	\$3.00
W7996	Follow-up consultation, TMJ (TMJ multidisciplinary evaluation program use only)	\$42.09	\$39.65	\$2.00
W7998 or CPT²	TMJ assistant surgeon	61J	61J	\$3.00
Repair of Traumatic Wounds:				
07910 or CPT²	Suture of recent small wounds up to 5 cm	\$84.03	\$79.16	\$3.00

Oral and Maxillofacial Surgery Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Complicated Suturing (Reconstruction Requiring Delicate Handling of Tissues and Wide Undermining for Meticulous Closure):				
07911 or CPT²	Complicated suture - up to 5 cm	\$247.23	\$197.79	\$3.00
07912 or CPT²	Complicated suture - greater than 5 cm	\$351.42	\$223.32	\$3.00
Other Repair Procedures				
07940 or CPT²	Osteoplasty - for orthognathic deformities	\$2,370.37	\$2,290.02	\$3.00
07950 or CPT²	Osseous, osteo-periosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report	\$501.25	\$501.25	\$3.00
07960 or CPT²	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$153.03	\$144.16	\$3.00
07970 or CPT²	Excision of hyperplastic tissue - per arch	\$195.97	\$160.55	\$3.00
07980 or CPT²	Sialolithotomy	61J	61J	\$3.00
07991 or CPT²	Coronoidectomy	\$1,060.61	\$1,060.61	\$3.00
07999 or CPT²	Unspecified oral surgery procedure, by report	61J	61J	\$3.00

Orthodontic Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
08110	Removable appliance therapy, minor treatment for tooth guidance	61J	61J	\$3.00
08120	Fixed appliance therapy, minor treatment for tooth guidance	61J	61J	\$3.00
08210	Removable appliance therapy	61J	61J	\$3.00
08220	Fixed appliance therapy	61J	61J	\$3.00
08360	Interceptive orthodontic treatment, removable appliance therapy	61J	61J	\$3.00
08370	Fixed appliance therapy, interceptive orthodontic treatment	61J	61J	\$3.00
08560	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class I malocclusion	61J	61J	\$3.00
08570	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class II malocclusion	61J	61J	\$3.00
08580	Monthly treatment - comprehensive orthodontic treatment - permanent dentition, Class III malocclusion	61J	61J	\$3.00
08650	Monthly treatment of atypical or extended skeleton cases, orthodontic	61J	61J	\$3.00
W7910	Examination, models, consultation - orthodontic	\$59.04	\$55.62	\$3.00
W7920	Initial orthodontic treatment - banding service	61J	61J	\$3.00
08750	Post-treatment stabilization	61J	61J	\$3.00

Adjunctive/General Services

Procedure Code	Description of Service	FY 00 Children's Max Fee (0-20 yrs)	FY 00 Adult Max Fee (21+ yrs)	FY 00 Copayment (18 yrs +)
Unclassified Treatment:				
09110	Palliative (emergency) treatment of dental pain - minor procedure	\$23.41	\$23.41	\$1.00
Anesthesia:				
09220	General anesthesia	\$114.24	\$107.62	\$3.00
09240	Intravenous sedation	\$108.22	\$101.95	\$3.00
Professional Visits:				
09420	Hospital call	\$95.46	\$89.93	\$3.00
Miscellaneous Services:				
09910	Application of desensitizing medicament	\$17.75	\$16.63	\$1.00



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